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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/04/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

PT 3 X a week for 2 months right elbow/shoulder/cervical spine

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as carrying out trash bags. MRI of the right shoulder dated 11/26/14 revealed linear tearing of the anterior labrum and complex tearing of the superior labrum. There is a full thickness tear of the anterior supraspinatus and subscapularis tendons at the biceps tendon interval. The patient underwent right shoulder arthroscopy with subacromial decompression and debridement of labral tear with arthroscopic SLAP repair on 12/24/14. Progress note dated 02/02/15 indicates that the patient has completed 12 physical therapy sessions. Office visit note dated 03/17/15 indicates that the patient complains of right shoulder and arm pain. She continues to have a lot of pain and discomfort in her elbow and neck. Shoulder is improving somewhat, but is still a little bit stiff and tight. On physical examination the patient is still lacking probably the last 20 degrees of motion with her shoulder in all planes. It is stable. Sensation is intact. There is tenderness over the lateral medial condyle of her elbow. She is lagging behind with her rehab somewhat. The patient was recommended to undergo EMG/NCV testing.

Initial request for PT 3 x a week for 2 months right elbow/shoulder/cervical spine was non-certified on 03/23/15 noting that the patient has completed a total of 36 sessions of physical therapy and should be well-versed in a home exercise program at this point. No exceptional factors are noted. The denial was upheld on appeal dated 04/07/15 noting that the request for 97014 is not medically necessary per evidence guidelines. Patient has had 36 visits of PT. There are minimal deficits on exam. The patient should be able to transition to a home exercise program. The request exceeds evidence based guidelines.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent right shoulder arthroscopy with subacromial decompression and debridement of labral tear with arthroscopic SLAP repair on 12/24/14 and has completed 36 physical therapy visits to date. The Official Disability Guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional

factors of delayed recovery documented. The patient presents with minimal functional deficits on physical examination. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for PT 3 x a week for 2 months right elbow/shoulder/cervical spine is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)